

Application Data Sheet**Application Information**

Application Type:: Regular
 Subject Matter:: Utility
 Suggested Classification::
 Suggested Group Art Unit::
 CD-ROM or CD-R?:: None
 Number of CD Disks::
 Number of Copies of CDs::
 Sequence Submission?::
 Computer Readable Form (CRF)?::
 Number of copies of CRF::
 Title:: CERVICAL COLLAR
 Attorney Docket Number:: GEFEN5
 Request for Early Publication?:: No
 Request for Non-Publication?:: No
 Suggested Drawing Figure::
 Total Drawing Sheets:: 43
 Small Entity?:: Yes
 Latin Name::
 Variety Denomination Name::
 Petition Included:: No
 Petition Type::
 Licensed US Govt. Agency::
 Contract or Grant Numbers::
 Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Israel
 Status:: Full Capacity
 Given Name:: Amit
 Middle Name::

Family Name:: GEFEN
Name Suffix::
City of Residence:: Ganei Tikva
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 8 Hacarmel Street
City of Mailing Address:: Ganei Tikva
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 55900
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Michal
Middle Name::
Family Name:: PELEG LUBOVSKY
Name Suffix::
City of Residence:: Mevaseret Zion
State or Province of Residence::
Country of Residence:: Israel
Street of Mailing Address:: 2 Mevo Levona St.
City of Mailing Address:: Mevaseret Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 90805
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Israel
Status:: Full Capacity
Given Name:: Omri
Middle Name::
Family Name:: LUBOVSKY
Name Suffix::
City of Residence:: Mevaseret Zion

State or Province of Residence:: Israel
Country of Residence:: Israel
Street of Mailing Address:: 20 Habosem St.
City of Mailing Address:: Mevaseret Zion
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 90805

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

| Application:: | Continuity Type:: | Parent | Parent Filing |
|------------------|-------------------|-----------------|---------------|
| This Application | National Stage of | Application:: | Date:: |
| | | PCT/IL04/000870 | 09-20-04 |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| Israel | 158036 | 09-21-03 | Yes |

1) Assignment Information

Assignee Name:: HADASIT MEDICAL RESEARCH SERVICES AND DEVELOPMENT LTD.
Street of Mailing Address:: P.O.B. 12000
City of Mailing Address:: Jerusalem
State or Province of Mailing Address::
Country of Mailing Address:: Israel
Postal or Zip Code of Mailing Address:: 91120

2) Assignment Information

Assignee Name:: RAMOT AT TEL AVIV UNIVERSITY LTD.
Street of Mailing Address:: 32 Lebanon St., P.O.B. 39296

City of Mailing Address:: Tel Aviv

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 61392